| PATENT APPLICATION FEE DETERMINATION RECOF | | | | Application or Docket Number O9902766 | | | | |
|--|--|-----------------------------------|----------------|--|-------|---------------------|------------------------|--|
| CLAIMS A | ENTITY | OR | OTHER SMALL | | | | | |
| TOTAL CLAIMS | 7 | | RAT | E FEE |] | RATE | FEE | |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC | FEE 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | 7 minus 20= | • | XS 9 | - \ | OR | X\$18⇒ | 1 | |
| INDEPENDENT CLAIMS | 2 minus 3 = | | X40 | - \ | OR | X80= | , | |
| MULTIPLE DEPENDENT CLAIM P | RESENT | +135 | | OR | +270= | | | |
| * If the difference in column 1 is less than zero, enter *0* in column 2 | | | | 11 | OR | TOTAL | 710 | |
| CLAIMS AS AMENDED - PART II | | | | | | OTHER | THAN | |
| (Column 1) | (Colum | | SMA | LL ENTITY | OR | SMALL | | |
| ✓ REMAINING | NUM PREVIO PAID | BER PRESENT DUSLY EXTRA | RAT | ADDI- E HONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total | Minus • 2 |) = | X\$ 9 | = | OR | XSTEN. | | |
| FIRST PRESENTATION OF MI | Minus ··· C | 5 = 1 | X40 | | OR | عب ، 🗓 | 200 | |
| THOS TROODY AND FIFE DEPENDENT COMM | | | | - | OR | +270= | | |
| | ^ | | ADDIT, F | AL) | OR | TOTAL ADOIT, FEE | 200 | |
| 1-26-05 (Column 1) | uppl (colu | mn 2) (Column 3) | | CC | • . | | | |
| CLAIMS REMAINING | HUGH NUM | | | ADDI- | | | ADDI- | |
| AFTER AMENDMENT | PREVIO PAID | FOR | RATI | FEE | | RATE | PIÓNAL FEE | |
| Total .5 Independent .2 | Minus · Q | | X\$ 9 | • | OR | X\$18= | | |
| FIRST PRESENTATION OF MI | | $-$ T † U † | X40- | \cdot | OR | X80= | / | |
| | A Administration of the Control of t | | +135 | \cdot | OR | +270= | | |
| 4/8/05 (Column 1) | | | ADDIT. F | | OR | TOTAL ADDIT. FEE | | |
| (Column 1) (Column 3) (Column 3) | | | | | | | | |
| REMAINING AFTER AMENDMENT Total | NUM PREVIO PAID | BER PRESENT DUSLY EXTRA | RÁTE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total . 9 | Minus | 20 = · | X\$ 9- | | OR | X\$18= | | |
| Independent - 5 | Minus *** | 5 - 1 | X40= | | OR | X80= | 200 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | , | OR | +270= | | |
| " If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the "Highest Number Previously Peid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE | | | | | OB | TOTAL ADDIT, FEE | 100 | |
| ""If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number tound in the appropriate box in column 1. | | | | | | | | |
| EDRM PTD 478 | | | | | | - | | |